Page ___ of ____ Artist # _____

Necronomicon Art Show Control Sheet

Name: _____ # of Panels _____ # of Tables _____
Address: _____ Paid: Cash _____ Check: # _____
_____ Agent: _____
Ship to (if different): _____ Address: _____
_____ _____
Phone: (_____)_____ Phone: (_____)_____
E-Mail: _____ E-Mail: _____

Ck In	Ck Out	Piece #	Title of Work	Insure For	Min. Bid	Quick Sale	# of Bids	Sold For

Date Art Arrived: _____ Total From This Sheet: _____
Date Art Returned: _____ Total From Add'l Sheet: _____
# of Items Sold: _____ **TOTAL SALES:** $ _____
Items Returned: _____ Shipping Advance: $ _____
Artist Paid By: _____ Shipping Fee Amount $ _____
Tax Collected*: _____ Owing/Due: $ _____
Check-Out Signature: _____ Less 10% Comm.: $ _____
* Tax Collected is paid to the State of Florida by Necronomicon **Balance Due Artists:** $ _____